

PRINTED: 02/24/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF GREENEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 725 CRUM STREET GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies There were no deficiencies noted on the day of this annual licensure survey.	N 002			
		K064	<p><u>CORRECTIVE ACTION:</u> Facility Maintenance personnel were immediately in-serviced on NFPA 101 Life Safety Code Standards.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All facility residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> All facility maintenance personnel were in-serviced on 2-22-11 on NFPA 101 Life Safety Code Standards of assuring the fire extinguishers are installed lower than 60 inches from the floor to the top of the handles. The Maintenance Director, and/or his designee, will assure compliance through random daily rounds to assure the fire extinguishers are installed to code recommendations.</p> <p><u>MONITORING:</u> Maintenance Director, and/or his designee, will make daily rounds to assure compliance through random daily rounds to assure fire extinguishers are installed no higher than 60 inches from the floor to the top of the handle. The Executive Director and/or their designee will assure compliance by making random daily rounds. Findings from the rounds will be reported to the facility's Executive Director and reported monthly to the Quality Assurance/Performance Improvement Committee for 3 months, the Quality Assurance/Performance Improvement Committee will review information for need of further observation.</p>		4/10/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0089

ZDF021

If continuation sheet 1 of 1

Jennifer C. Solomon, MA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Executive Director 03/10/11
(X6) DATE